US WASTE FEE FORM FOR 200

Telephone Number

Date

U.S. EPA ID NUMBER:
IAD000610436
MAILING ADDRESS:

MAILING ADDRESS:
Maytag Appliances - Amana Refrigeration Products

PO Box 8901 Amana, IA 52204-001

Signature

FACILITY ADDRESS:

Maytag Appliances - Amana Date: Refrigeration Products 2800 220th Trail

Middle Amana, IA 52204-001

THIS BOX IS FOR STATE USE ONLY. RCRIS

> HAZ WASTE CHECK

250.00 250.00

03-17-2003 #502138CLERK 1

0887 11:51TM

You are receiving this form because the federal EPA assigned a Hazardous Waste ID number to your facility. The lowar Code requires that you submit this form and any fees due annually, by April 15. A 15% penalty will be assessed on fees received after April 15, 2003.

		ou do not owe this fee. Complete the certification section at the bottom of the page and return to the			NO
1.	If	you operate a hazardous waste treatment, storage, or disposal facility in Iowa enter \$25.00.	\$ <u>-0-</u>	(1204)	
2.	. If y	you are a transporter of hazardous waste in Iowa enter \$25.00.	\$ <u>-0-</u>	(1204)	
3.	a. b. c.	Iter the fee from (a, b, or c) that applies to the amount of hazardous waste you generated in loward of the feet from (a, b, or c) that applies to the amount of hazardous waste you generated in loward from the first from the feet from 10 f	during 20 \$ <u>\$250.</u>		(1203
4	You Ch	The hazardous waste is transformed into new products that are not wastes. The hazardous waste is created or retrieved as a result of remedial action at a hazardous waste or disposal site.		s substar	nce
, , , , , , , , , , , , , , , , , , ,		The waste is the influent to a wastewater treatment facility that is subject or 33 U.S.C. 1342. A hazardous waste which, due to its intrinsic physical, chemical or biolog changes physical characteristics so as to be rendered or considere mechanical, physical or chemical treatment being introduced. However occur within 24 hours of the generation of the hazardous waste befor applicable. 421729 RCRA RECOL	RDS	า	nal ust
5		If you are a hazardous waste generator how many tons of hazardous waste did you treat or or generation to render the hazardous waste non-hazardous? If you own or operate a hazardous waste treatment or disposal facility how many tons of hazar or destroy at the disposal facility to render the hazardous waste non-hazardous? Multiply the number of tons (up to 500 tons) by \$2.00 and enter that amount.			
6		RANSPORTATION (Exclude water content of waste transported to another facility owned by you aste treatment or recycling.) If you are a hazardous waste generator how many tons of hazardous waste did you transport of the site where the waste was generated during calendar year 2002? If you own or operate a hazardous waste treatment or disposal facility how many tons of hazard transport off the disposal facility site during calendar year 2002? Multiply the tons (up to 2500) by \$10.00 and enter that amount. If less than 1/4 ton enter \$0.00.	r have tra	ansported	d
7	. DI : a. b.	SPOSAL			
	C.	place, deposit, dump, or dispose of onto or into the land at the disposal facility in lowa? Multiply number of tons by \$40.00 and enter that amount.	\$ <u>-0-</u>	(1204)	
8		Add items 1 through 7 and enter the fee due. If you do not owe a fee enter \$0.00.	\$ \$25	0.00	
9		Enter 15% penalty if fee will be received after the April 15 deadline.	\$ <u>N/A</u>	(1202	!)
10		Add items 8 and 9 and enter the total amount due.	\$ \$25	0.00	
		CERTIFICATION Legal to the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in this form is true and correct to the best of my known in the contained in	wledge.		

MAKE CHECKS PAYABLE TO DNR AND SEND ALONG WITH FORM TO: DNR - WALLACE BUILDING - DES MOINES

Typed or Printed Name

Ron Corbett, Mgr. Facilities

Hazardous Waste Site Info Verification Report June 19, 2003

The information summarized below has been entered into EPA's RCRA Computer Data Base for the location and EPA RCRA Identification Number listed. If any of this information is inaccurate or changed, you may notify us by writing to us, telephoning us, completing a RCRA Subtitle C Site Identification Form (EPA Form 8700-13A/B), or simply marking any changes on this report and sending it the address below. Please return this form ONLY to notify us of changes or errors. Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call (913)551-7020.

EPA Region 7 - ARTD/RESP 901 N 5th Street Kansas City, KS 66101

EPA RCRA ID Number:

IAD000610436

Name of Company/Site:

AMANA REFRIGERATION PRODUCTS-MAYTAG APPL

Location of Site:

2800 220TH TRAIL

MIDDLE AMANA, IA 52203-0001

IOWA County

Land Type:

Private

Mailing Address:

PO BOX 8901

AMANA, IA 52203-0001

Site Contact:

ROBERT A STEIFF

Phone Number:

(319)622-2175

PO BOX 8901

Address:

AMANA, IA 52203-0001

Current Owner of Site:

MAYTAG CORPORATION 09/26/01

Phone Number:

(641)792-7000

Owner Type:

Private

TYPE(S) OF REGULATED ACTIVITY:

Federal Large Quantity Generator

Hazardous Wastes Handled:

D001	D002	D003	D005	D007	D008	D009
D018	D022	D035	D039	D040	F001	F002

F003 F005

I 06/01/94 1 1st N 02/10/00 N 02/01/02 1

Certified on Notification 02/01/02 by

CERTIFICATION BY OWNER(S), OPERATOR(S), or AUTHORIZED REPRESENTATIVE(S): I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the infomation submitted. based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Offical Title (Print)

Date Signed

Hazardous Waste Site Info Verification Report (cont.)

The following fields are required in RCRAInfo version 2. Please fill in the following information (if not provided on first page)

Current Owner Name: (The legal name of the person, firm, public organization, or other entity that owns the facility.)	MAY TAG CORP.
Date Became Owner:	8/2011
Owner Type: (See below)	PuBLIC.
Current Operator: (The legal name of the person, firm, public organization, or other entity that operates the facility.)	AMANDA PRODUCT DIV.
Date Became Operator:	8/01
Operator Type: (See below)	Public
NAICS Code(s):	335 722

Owner/Operator Types: Private, Federal, State, County, Municipal, Indian, District, Other

319-622-2897
RON CORBETT will atum 8/9